

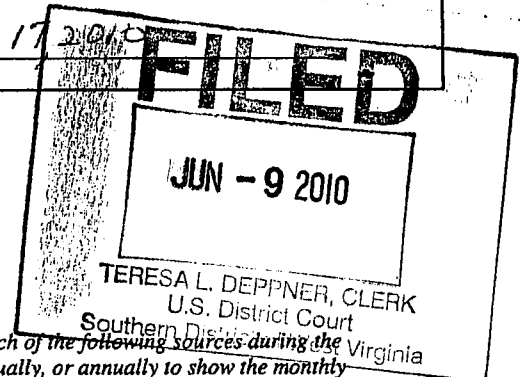
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## Application to Appeal In Forma Pauperis MAY 21 AM 10:16

U.S. DISTRICT COURT  
FOURTH CIRCUITJAMAL AZEEZ v. KRISTEN KELLER et alAppeal No. 10-1515

District Court or Agency No. \_\_\_\_\_

<b>A. Affidavit in Support of Motion</b>  I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)  Signed: <u>[Signature]</u>	<b>Instructions</b>  Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.  Date: <u>May 17 2010</u>
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**B. My issues on appeal are (required):**

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment <u>DID NOT WORK SINCE DECEMBER 2009</u>	\$ <u>1,720.00</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Gifts	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>1720</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly income:</b>	\$ <u>1720</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>CLS Services</u>	<u>43-25 Cresent St NY</u>	<u>8/09 - 11/09</u>	<u>5,458.00</u>
<u>TRACT Med Staff</u>	<u>Long Island City</u>	<u>8/09 - 12/09</u>	<u>6,444.00</u>
<u>Background checks responsible for termination of both jobs</u>			

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____	_____
_____	_____	_____	_____

4. How much cash do you and your spouse have? \$ 52

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
<u>NORTH FORK/CAPITAL</u>	<u>Checking</u>	\$ <u>52K varies</u>	\$ <u>N/A</u>
_____	<u>Savings</u>	\$ <u>101K varies</u>	\$ <u>N/A</u>
_____	_____	\$ _____	\$ <u>N/A</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

## 5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor vehicle #1	(Value)
<u>0</u>	<u>N/A</u>	<u>0</u>		Make & year: <u>TOYOTA YARIS</u>	
		<u>0</u>		Model: <u>07</u>	
		<u>0</u>		Registration #: <u>880124B</u>	
Motor vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>NONE</u>		<u>NONE</u>	<u>N/A</u>	<u>NONE</u>	<u>N/A</u>
Model:					
Registration #:					

## 6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	<u>0</u>	<u>N/A</u>
		<u>N/A</u>
		<u>N/A</u>

## 7. State the persons who rely on you or your spouse for support.

Initials	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>

## 8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>750.00</u>	\$ <u>N/A</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>150.00</u>	\$ <u>N/A</u>

	You	Your Spouse
Home maintenance (repairs and upkeep)	\$ <u>100</u> varies	\$ <u>N/A</u>
Food	\$ <u>500</u> varies	\$ <u>N/A</u>
Clothing	\$ <u>50</u> varies	\$ <u>N/A</u>
Laundry and dry-cleaning	\$ <u>25</u> varies	\$ <u>N/A</u>
Medical and dental expenses <i>No medical Insurance</i>	\$ <u>160</u> varies	\$ <u>N/A</u>
Transportation (not including motor vehicle payments)	\$ <u>280</u> varies	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>200</u> varies	\$ <u>N/A</u>
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>N/A</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>N/A</u>
Life	\$ <u>0</u>	\$ <u>N/A</u>
Health	\$ <u>0</u>	\$ <u>N/A</u>
Motor Vehicle	\$ <u>60</u>	\$ <u>N/A</u>
Other: <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Taxes (not deducted from wages or included in Mortgage payments) (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
Installment payments		
Motor Vehicle	\$ <u>0</u>	\$ <u>N/A</u>
Credit card (name): <u>BDA M/C</u>	\$ <u>750</u> (varies)	\$ <u>N/A</u>
Department Store (name): _____	\$ <u>0</u>	\$ <u>N/A</u>
Other: _____	\$ <u>0</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>
<b>Total monthly expenses:</b>	\$ <u>2325</u> (varies)	\$ <u>N/A</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes    ☐ No

If yes, describe on an attached sheet.

*I don't believe I can find meaningful work because of my criminal background checks.*

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No *Pro Se*

If yes, how much? \$ *N/A*

If yes, state the attorney's name, address, and telephone number:

*N/A*

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ Yes ☒ No *Pro Se*

If yes, how much? \$ *N/A*

If yes, state the person's name, address, and telephone number:

*N/A*

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

*I owed in the excess \$100,000.00 in borrowed funds for legal fees during 12 years of incarceration.*

13. Identify the city and state of your legal residence.

City *SOUTH FLORENCE* State *NY*

Your daytime phone number: *516-476-1779*

Your age: *57* Your years of schooling: *16*

Last four digits of your social security number: *3312*

*The District Court denied my motion for Expungement of Criminal Records from a federally reversed conviction. Background checks reveal existence of crimes I did not commit, charge, or was not convicted for, and crimes that I was wrongfully accused of that recently were reversed by the federal district court in W.Va. This appeal is based on asking the 4CCOA to reverse and remand the Expungement motion. Thank you J. P. [Signature]*